

State/Territory: Mississippi

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

*Description provided on attachment.

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State: Mississippi

AMOUNT, DURATION, AND SCOPE OF MEDICAL
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25. Home and Community Care for Functionally Disabled Elderly Individuals,
as defined, described and limited in Supplement 2 to Attachment 3.1-A,
and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 provided X not provided

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State Mississippi

Exhibit 1

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

1. Inpatient Hospital Services: LIMITED TO 30 DAYS PER FISCAL YEAR FOR ALL RECIPIENTS EXCEPT FOR ELIGIBLE INFANTS UNDER THE AGE OF ONE (1) YEAR RECEIVING SERVICES IN DISPROPORTIONATE-SHARE HOSPITALS WHO SHALL BE ALLOWED UNLIMITED DAYS. Additional hospital days based on prior approval are covered for Medicaid-eligible individuals under the age of twenty-one (21) through EPSDT discretionary services. Weekend admissions to the hospital are limited to admissions certified as an emergency by the attending physician.

Prior approval or concurrent review required on all hospital admissions except obstetrical. One-day hospital stay not covered unless certified by the attending physician as an emergency. Prior approval and concurrent reviews will be performed by the Mississippi Foundation for Medical Care under contract with the Medicaid Single State Agency.

Part A co-insurance not covered for inpatient hospital services for Medicaid/Medicare eligibles on days exceeding the number of allowable days for Medicaid-only eligibles.

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87-21

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Mississippi

Attachment 3.1-A
Exhibit 1a

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

1a. Inpatient Hospital Services - Swing Bed:

Statutory Authority. Provision of swing bed services is authorized by Section 1913, Title XIX of the Social Security Act, as enacted by Congress through Section 904 of Public Law 96-499 and implemented by the Department of Health and Human Services through regulations 42 CFR Parts 405, 435, 440, 442 and 447.

Definition of Services. Swing bed services are extended care services provided in a hospital bed that has been designated as such and consist of one or more of the following:

- a. Skilled nursing care and related services for patients requiring medical or nursing care.
- b. Rehabilitation services for the rehabilitation of injured, disabled, or sick persons.
- c. On a regular basis, health related care and services to individuals who, because of their medical status, require care and services above the level of room and board which can be made available to them only through institutional facilities.

Eligible Providers. Hospitals granted an approval to participate in the swing bed program by the Health Care Financing Administration and holding a valid certificate of need to provide swing bed care from the Mississippi State Department of Health may provide swing bed services to Medicaid recipients.

Duration of Service. Medicaid recipients will be eligible for swing bed care to the same extent allowed or provided under the Long Term Care program, except that swing-bed providers will not be reimbursed for hospital leave days or therapeutic home leave days. Prior to the admission of a Medicaid recipient, the swing bed facility must call the Mississippi Foundation For Medical Care (PRO) to receive certification or non-certification for the swing bed. Seven (7) days prior to the thirtieth (30th) consecutive swing bed day, the hospital must complete the Medicaid Swing Bed Extension Form and forward it to PRO along with the entire patient record for review. PRO will notify the swing bed facility if the swing bed extension has been approved or disapproved.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

AUG 18 1987
Attachmnet 3.1-A

State Mississippi

Exhibit 2

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL
CARE AND SERVICES PROVIDED

2. Outpatient Hospital Services: 6 outpatient visits per fiscal year. Non-emergency visits for primary care services provided ambulatory patients by hospital outpatient clinics are not available once physician visits are exhausted for the fiscal year.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Mississippi

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED

2b. Rural Health Clinic Services:

Rural Health Clinic services are limited to those services provided in rural health clinics as described in the Social Security Act, Section 1861(aa).

In order to participate in a Rural Health Clinic Program, a clinic must meet the certification requirements of 42 CFR 491 Subpart A and have an approved agreement to participate in the Medicaid program. Rural Health clinic visits are limited within the number of physician visits authorized per fiscal year.

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STATE PLAN UNDER TITLE XIX OF
THE SOCIAL SECURITY ACT

Attachment 3.1-A
Exhibit 2c

STATE Mississippi

**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF
MEDICAL CARE AND SERVICES PROVIDED**

2c Federally Qualified Health Centers

Services provided in federally qualified health centers (FQHCs) are limited to those services as addressed elsewhere in the State Plan and/or as allowed in accordance with Section 6404 of the Omnibus Budget Reconciliation Act of 1989 (P.L. 101-239).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 3.1-A

STATE Mississippi

Exhibit 4a

DESCRIPTIONS OF LIMITATION AS TO AMOUNT, DURATION AND SCOPE
OF MEDICAL CARE AND SERVICES PROVIDED

4a. Nursing Facility Services: Prior approval required.

Initial coverage limited to day authorization (MMC 260) form signed by the admitting physician, unless eligibility occurs after admission for a retroactive period.

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State MISSISSIPPI

Exhibit 4b

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**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE
OF MEDICAL CARE AND SERVICES PROVIDED****4b. Early and Periodic Screening and Diagnosis of Individuals
under 21 Years of Age. Treatment of Conditions Found:
Exceeds Federal Requirements****I. MEDICAL RISK ASSESSMENT**

In addition to the periodic screen, medical risk assessment (screening) is done by a physician, or a registered nurse/nurse practitioner under a physician's direction, to determine if the infant is high risk for mortality or morbidity. An infant is considered high risk if one or more risk factors are indicated on the Risk Screening Form, Mississippi Perinatal Risk Management/Infant Services System, or the Hollister Maternal/Newborn Record System, and is eligible for enhanced services, as specified in Section III, Enhanced EPSDT Services for High-Risk Infants.

An infant may be assessed (screened) for medical risk a maximum of two (2) times during the first year, i.e., at birth and again if risk factors are present, within the first year by the physician providing care. If the infant is found to be high risk, the physician is to make a referral to the High-Risk Case Management Agency of the client's choice. The physician may send a copy of the screening form to the High-Risk Case Management Agency or make a telephone referral. The High-Risk Case Management Agency will document referral information on the Risk Screening Form, if the referral is made by telephone.

Reimbursement for the medical risk assessment is to an approved physician provider.

II. ENHANCED EPSDT SERVICES FOR HIGH-RISK INFANTS

Enhanced services (infant nutrition, infant psychosocial, and health education to the infant's caretaker) are to be provided on the basis of medical necessity to lessen the risk of infant mortality or morbidity through the EPSDT Program. Infants found to be at such risk shall be referred to as high-risk infants.

These services are currently provided in a lesser amount to all children receiving EPSDT Services. In order to prevent the demise or morbidity of the high-risk

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State MISSISSIPPIExhibit 4b
Page 2**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE
OF MEDICAL CARE AND SERVICES PROVIDED**

infant, the number of possible EPSDT screenings will be increased to one (1) per calendar month with a maximum of twelve (12) during the first year of life. At the discretion of the attending physician, abbreviated screenings may be provided to a high-risk infant and the full screening provided at the next visit. If the medical or medically-related risk factor(s) cease to exist during the first year of life, as determined by the infant's physician, the infant will return to the regular screenings as prescribed in the EPSDT periodicity schedule.

The screenings may be provided to the infant in any appropriate setting, such as home or office. Home visits are particularly encouraged.

The Child Health Record will be utilized for comments regarding feeding, development and other identified problems, and will be subject to audit by the Division of Medicaid for quality of care purposes, as is currently done for the regular EPSDT Program.

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